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110TH CONGRESS
2D SESSION

H. R. 5835

To provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

IN THE HOUSE OF REPRESENTATIVES

APRIL 17, 2008

Ms. SCHAKOWSKY (for herself, Mr. BURGESS, Ms. DEGETTE, Mr. TOWNS, Mr. GENE GREEN of Texas, Mr. GORDON of Tennessee, Mr. TERRY, Mr. HINOJOSA, Mr. FERGUSON, Ms. BORDALLO, Ms. SOLIS, and Mrs. CAPPS) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To provide for increased planning and funding for health promotion programs of the Department of Health and Human Services.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Health Promotion Funding Integrated Research, Synthesis, and Training Act" or the "Health Promotion FIRST Act".

SEC. 2. FINDINGS.

Congress makes the following findings:

(1) Lifestyle factors are responsible for almost half of the premature deaths in developed nations, and a large portion of the deaths in developing nations.

(2) Lifestyle factors are a primary cause of the 6 leading causes of death in the United States, including heart disease, cancer, stroke, respiratory diseases, accidents, and diabetes, which account for almost 75 percent of all deaths in the United States.

(3) A significant portion of the health disparities in the United States are caused by lifestyle factors, which could be improved by health promotion programs.

(4) The United States is experiencing epidemics in diabetes and obesity among adults and children, at the same time a majority of the population is sedentary and eats an unhealthy diet.

(5) Per capita medical care costs in the United States are more than double those of all but 2 other countries in the world, yet the United States ranks 26th in terms of disability adjusted life expectancy, infant mortality, and other positive lifestyle measures.

(6) Medical care costs are second only to education in State government budgets.

(7) Lifestyle factors are responsible for at least ¼ of employers' medical care costs in the United States.

(8) National costs of obesity account for 9.1 percent of all medical costs, reaching $93,000,000 in 2002. Approximately ½ of these costs were paid by the Medicare and Medicaid programs.

(9) Significant gaps exist in the basic and applied research base of health promotion regarding how to best reach and serve people of color, low-income people, people with little formal education, children, and older adults, how to create long-term health improvements, how to create supportive environments, and how to address gender issues. More focused research can reduce these gaps.

(10) Significant gaps exist between the best and the typical health promotion programs. Better synthesis and dissemination of results can reduce these gaps.

(11) Health promotion is the art and science of motivating people to enhance their lifestyles to achieve complete health, not just the absence of disease. Complete health involves a balance of physical, mental, and social health.

(12) Health promotion programs focus on practices such as exercising regularly, eating a nutritious diet, maintaining a healthy weight, managing stress, avoiding dangerous substances such as tobacco and illegal drugs, drinking alcohol in moderation or not at all, driving safely, being wise consumers of health care, and a number of other health related practices.

(13) The most effective health promotion programs include a combination of strategies to increase awareness, facilitate behavior change, and develop cultures and physical environments that encourage and support healthy lifestyle practices.

(14) Health promotion programs can be provided in family, clinical, child care, school, workplace, Federal, State, and community settings.

SEC. 3. HEALTH PROMOTION RESEARCH AND DISSEMINATION.

The Public Health Service Act (42 U.S.C. 201 et seq.) is amended by adding at the end the following:

"TITLE XXX—HEALTH PROMOTION RESEARCH AND DISSEMINATION

"Subtitle A—Coordination of Programs of the Department of Health and Human Services

"SEC. 3001. PLAN FOR HEALTH PROMOTION PROGRAMS.

"(a) IN GENERAL.—The Secretary shall develop, and periodically review and as appropriate revise, a plan in accordance with this section for activities of the Department of Health and Human Services relating to health promotion. The plan shall include provisions for coordinating all such activities of the Department, including activities under section 1701 to—

"(1) formulate national goals, and a strategy to achieve such goals, with respect to health information and health promotion, preventive health services, and education in the appropriate use of health care;

"(2) analyze the necessary and available resource for implementing the goals and strategy formulated pursuant to paragraph (1), and recommend appropriate educational and quality assurance policies for the needed manpower resources identified by such analysis;

"(3) undertake and support necessary activities and programs to—

"(A) incorporate appropriate health promotion concepts into our society, especially into all aspects of education and health care;

"(B) increase the application and use of health knowledge, skills, and practices by the general population in its patterns of daily living; and

"(C) establish systematic processes for the exploration, development, demonstration, and evaluation of innovative health promotion concepts; and

"(4) undertake and support research and demonstration programs relating to health information and health promotion, preventive health services, and education in the appropriate use of health care.

"(b) BASIC AND APPLIED SCIENCE.—The plan developed under subsection (a) shall contain provisions to address how to best develop the basic and applied science of health promotion, including—

"(1) a research agenda;

"(2) an identification of the best combination of Federal agency, university, and other community re-

sources most qualified to pursue each of the components of such agenda;

"(3) protocols to facilitate ongoing cooperation and collaboration among the Federal agencies to pursue the agenda; and

"(4) budgetary requirements with respect to the agenda.

"(c) DISSEMINATION OF INFORMATION.—The plan developed under subsection (a) shall contain provisions to address how to best synthesize and disseminate health promotion research findings to scientists, professionals, and the public, including provisions for the following:

"(1) Protocols for ongoing monitoring of all health promotion research.

"(2) Preparation of systematic reviews and meta-analyses.

"(3) Distillation of findings into practice guidelines for programs offered in clinical, workplace, school, home, neighborhood, municipal, and State settings.

"(4) Strategies to incorporate findings into college, university, and continuing educational curriculum for all related health professions.

"(5) Communication of key findings to policy makers in business, government, educational and

community settings who influence investment decisions.

"(6) Identification of the optimal combination of government agencies to coordinate the matters referred to in paragraphs (1) through (5).

"(d) SUPPORT AND DEVELOPMENT OF PROFESSIONAL AND SCIENTIFIC COMMUNITY.—The plan developed under subsection (a) shall contain provisions to address how to best support and develop the health promotion professional and scientific community through enhancement of existing or development of new professional organizations.

"(e) INTEGRATION OF HEALTH PROMOTION; INTERNAL DEPARTMENT ACTIVITIES.—The plan developed under subsection (a) shall contain provisions to address how resources, policies, structures, and legislation within the Department of Health and Human Services can best be modified or developed to integrate health promotion into all health professions and sectors of society and make health promoting opportunities available to all members of the public.

"(f) INTEGRATION OF HEALTH PROMOTION EXTERNAL ACTIVITIES.—The plan developed under subsection (a) shall contain provisions to address how overall Federal Government policies, structures, and legislation external

to the Department of Health and Human Services can best be modified or developed to integrate health promotion into all health professions and sectors of society and to make health promoting opportunities available to all individuals.

"(g) PERSPECTIVES.—Due to 30 years of experience showing that traditional medical and educational approaches are not sufficient to motivate people to make and sustain basic health behavior changes, in developing the plan under subsection (a), the Secretary shall seek perspectives from individuals representing a diverse range of disciplines, including the following areas:

"(1) Agriculture.

"(2) Anthropology.

"(3) Child development.

"(4) City planning.

"(5) Commerce.

"(6) Economics.

"(7) Environmental planning and design.

"(8) Exercise physiology.

"(9) Financial analysis.

"(10) Health education.

"(11) Health policy.

"(12) Individual psychology.

"(13) Management.

"(14) Medicine.

"(15) Nursing.

"(16) Nutrition.

"(17) Organization psychology.

"(18) Taxation.

"(19) Transportation planning.

"(h) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out this section, there are authorized to be appropriated $6,000,000 for fiscal year 2009, $4,000,000 for fiscal year 2010, and $3,000,000 for each of fiscal years 2011 through 2013. Such authorization is in addition to other authorizations that are available for carrying out such purpose.

"Subtitle B—Science Programs Through National Institutes of Health

"SEC. 3011. SCIENCE OF HEALTH PROMOTION.

"(a) PLAN.—The Director of the National Institutes of Health (referred to in this subtitle as 'NIH'), acting through the Office of Behavioral and Social Sciences Research, shall develop, and periodically review and as appropriate revise, a plan on how to best develop the science of health promotion through the NIH agencies. The plan shall be consistent with and shall elaborate upon applica-

ble provisions of the Departmental plan under section 3001(a).

"(b) CERTAIN COMPONENTS OF PLAN.—The plan developed under subsection (a) shall include the following provisions:

"(1) A research agenda to develop the science of health promotion.

"(2) Recommendations on funding levels for the various areas of research on such agenda.

"(3) Recommendations on the best combination of NIH agencies and non-Federal entities to carry out research under the agenda.

"(c) ALLOCATION OF RESOURCES.—Subject to compliance with appropriation Acts, the plan developed under subsection (a) shall provide for the allocation of resources for research under such plan relative to other areas of health, as appropriate taking into account the burden of lifestyle factors on morbidity and mortality, and the progress likely in advancing the science of health promotion given the current and evolving level of science on health promotion, and the relative cost of conducting research on health promotion compared to other areas of research.

"SEC. 3012. EARLY RESEARCH PROGRAMS.

"(a) PLAN.—The Director of NIH, acting through the Office of Behavioral and Social Sciences Research, shall conduct or support early research programs and research training regarding health promotion.

"(b) FUNDING.—

"(1) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there is authorized to be appropriated $30,000,000 for fiscal year 2009. Such authorization is in addition to other authorizations that are available for carrying out such purpose.

"(2) RESERVATION.—The Secretary shall reserve not less than 90 percent of the amount appropriated under paragraph (1) to carry out subsection (a) through the awarding of grants, cooperative agreements, or contracts to public and private entities, including universities, hospitals, research organizations and health promotion venders. Of the amounts so reserved, the Secretary shall designate a portion of such amounts to support research training under subsection (a) to enhance the skills and increase the numbers of scientists trained in health promotion.

"Subtitle C—Applied Research Programs Through Centers for Disease Control and Prevention

"SEC. 3021. RESEARCH AGENDA.

"The Secretary, acting through the Director of the Centers for Disease Control and Prevention (referred to in this subtitle as the 'Director of CDC'), shall develop, and periodically review and as appropriate revise, a plan that establishes for such Centers a research agenda regarding health promotion. The plan shall be consistent with and shall elaborate upon applicable provisions of the Departmental plan developed under section 3001(a).

"SEC. 3022. PREVENTION RESEARCH CENTERS.

"(a) IN GENERAL.—The Director of the National Center for Chronic Disease Prevention and Health Promotion (referred to in this section as the 'Director') shall award grants, on a competitive basis, to eligible entities to enable such entities to develop Prevention Research Centers (referred to in this section as 'Centers').

"(b) ELIGIBLE ENTITY.—In this section, the term 'eligible entity' includes—

"(1) institutions of higher education;

"(2) public and private research institutions;

"(3) departments or schools of—

"(A) business;

"(B) city planning;

"(C) education;

"(D) nursing;

"(E) psychology;

"(F) public policy;

"(G) transportation;

"(H) social work;

"(I) agriculture;

"(J) nutrition;

"(K) engineering;

"(L) architecture; and

"(M) any other program that can make a compelling connection to improving the health of the public; and

"(4) private research, membership, or service organizations.

"(c) APPLICATION.—An eligible entity that desires to receive a grant under this section shall submit an application to the Director at such time, in such manner, and containing such information as the Director may require. An eligible entity may apply for not more than 3 grants each with a duration of 5 years.

"(d) AWARDING OF GRANTS.—

"(1) NUMBER OF CENTERS.—The Director shall award grants for the development of not more than—

"(A) 8 new Centers in fiscal year 2009;

"(B) 8 new Centers in fiscal year 2010;

"(C) 8 new Centers in fiscal year 2011;

"(D) 8 new Centers in fiscal year 2012; and

"(E) 8 new Centers in fiscal year 2013.

"(2) MINIMUM FUNDING OF EXISTING CENTERS.—No new Centers shall be funded until each Center in existence before January 1, 2009, is awarded funding of not less than $1,000,000 per year.

"(3) GRANT PERIOD.—Grants awarded under this section shall be for a period of 5 years.

"(4) FUNDING NEW CENTERS.—A grant award to a new Center shall be in an amount not to exceed—

"(A) $500,000 in the first year of the grant award;

"(B) $1,000,000 in the second year of the grant award; and

"(C) $2,000,000 in each of the third, fourth, and fifth years of the grant award.

"(5) REQUIREMENT FOR FUNDING.—To qualify for funding that is more than $1,000,000 per year, Centers shall demonstrate collaborative efforts with community or other academic partners, and at least 50 percent of the funding that exceeds $1,000,000 shall be conveyed to those partners. Partners may include other schools or departments with the same university or other large organization.

"(6) FOCUS OF CENTERS.—In awarding grants under this section, the Director shall ensure that—

"(A) not less than 1 Center concentrates the Center's efforts on developing the applied science of health promotion in each of the following areas:

"(i) the workplace;

"(ii) schools;

"(iii) families;

"(iv) clinical settings; and

"(v) community settings; and

"(B) not less than 1 other Center focuses the Center's work on each of the following areas:

"(i) program evaluation;

"(ii) training and support of the health promotion professional workforce; and

"(iii) health promotion policy at the Federal, State, and local level.

"(7) REQUIREMENT.—In awarding grants under this section, the Director shall ensure that not less than 30 and not more than 50 of the Centers shall be schools of public health or departments of preventive medicine.

"(e) USES OF FUNDS.—

"(1) IN GENERAL.—

"(A) PROVISION OF ADVICE AND ORGANIZATION.—A Center that is developed from funds from a grant awarded under this section shall invest approximately 10 percent of the Center's staff time and resources to—

"(i) forming relationships with, and providing limited ongoing advice to, health departments in the county and State where the entity is located; and

"(ii) organizing local networks of scientists, program managers, vendors, and other professionals interested in health promotion and disease prevention.

"(B) USE OF OUTSIDE PROVIDERS.—When conducting intervention research or research on other health promotion programs, a Center that is developed from funds from a grant awarded under this section shall review the capabilities of local nonprofit and for-profit program providers to provide the programming and services required for the programs. The Center shall use such program providers if the program providers provide a clear quality and cost advantage relative to developing such capabilities internally.

"(C) ADDRESSING PRIORITIES AND RESEARCH AGENDA.—A Center that is developed from funds from a grant awarded under this section shall address the priorities identified in the health promotion research agendas developed by the Centers for Disease Control and Prevention, the National Science Foundation, and the Department of Health and Human Services.

"(2) PERMISSIVE USES.—An eligible entity that receives a grant under this section may use the grant funds for faculty salaries, student fellowships,

outreach to the local community, research, program development, or program administration.

"(3) ADMINISTRATIVE COSTS.—An eligible entity that receives a grant under this section may expend not more than 15 percent of the grant funds on administrative costs.

"(f) INTEGRATION WITH EXISTING PREVENTION RESEARCH CENTER PROGRAM.—The Director of CDC shall integrate the implementation of this section with the Prevention Research Centers Program of the Centers for Disease Control and Prevention that is in existence on the day before the date of enactment of the Health Promotion Funding Integrated Research, Synthesis, and Training Act.

"SEC. 3023. EXTRAMURAL RESEARCH PROGRAM.

"(a) OUTREACH.—In carrying out the Extramural Research Program of the Centers for Disease Control and Prevention, the Director of CDC shall make an effort to attract grant applications from groups with extensive experience in providing programs but limited experience in developing research grants or conducting research, or both. Such efforts shall include proactive outreach to such groups, providing planning grants to fund development of grant proposals, and providing technical assistance for the design portion of the grant application.

"(b) APPLIED SCIENCE OF HEALTH PROMOTION.—In carrying out the Extramural Research Program of the Centers for Disease Control and Prevention, the Director of CDC shall devote a portion of research funding to developing the applied science of health promotion for workplace, school, family, clinical, and community settings.

"SEC. 3024. WORKPLACE HEALTH PROGRAM.

"(a) IN GENERAL.—The Director of CDC shall carry out a program—

"(1) to develop a research agenda for workplace health promotion and shall seek perspectives from a wide range of workplace health promotion program practitioners and scientists in developing such agenda;

"(2) of research that addresses the important issues identified in the research agenda under paragraph (1); and

"(3) to support synthesis of findings made in such research and to disseminate information to educators, practitioners, business leaders, and health policy leaders.

"(b) AUTHORIZATION OF APPROPRIATIONS.—For the purpose of carrying out subsection (a), there are authorized to be appropriated $6,000,000 for fiscal year 2009, $8,000,000 for fiscal year 2010, $11,000,000 for fiscal

year 2011, $15,000,000 for fiscal year 2012, and $20,000,000 for fiscal year 2013.

"SEC. 3025. CERTAIN REQUIREMENTS.

"(a) GENERAL GOAL OF PROGRAMS.—The Director of CDC shall ensure that programs carried out pursuant to this subtitle are consistent with the general goal of developing the most effective individual and group strategies for clinical, workplace, school, and community based programs regarding health promotion.

"(b) RESERVATION FOR AWARD TO PUBLIC AND PRIVATE ENTITIES.—

"(1) IN GENERAL.—Of the amounts made available under this subtitle, the Director of CDC shall reserve not less than 75 percent for the awarding of grants, cooperative agreements, or contracts to public and private entities, including universities, hospitals, research organizations, and local and national health promotion venders through collaborative efforts.

"(2) REQUIREMENT FOR STATE AND LOCAL HEALTH DEPARTMENTS.—Awards made to State and local health departments pursuant to this title shall be made on the condition that the departments develop a basic staff infrastructure to manage the programs for which the awards are made. With re-

spect to such condition, the departments may contract with providers in the communities involved to secure programs and skills required to carry out the programs.

"Subtitle D—Other Programs and Policies

"SEC. 3031. MODIFICATION OF APPLICATIONS AWARD PROCESS TO ATTRACT MOST QUALIFIED SCIENTISTS AND PRACTITIONERS; DEVELOPING HEALTH PROMOTION INFRASTRUCTURE.

"(a) MODIFICATION OF AWARDS APPLICATION PROCESS.—In awarding grants, cooperative agreements, and contracts under this title, the Secretary shall modify the application process to attract the most qualified individuals and organizations, rather than those individuals and organizations that are most sophisticated with respect to the applications processes.

"(b) GENERAL PRIORITY OF DEVELOPING HEALTH PROMOTION INFRASTRUCTURE.—The Secretary shall ensure that programs carried out pursuant to this title are consistent with the general priority of developing the health promotion infrastructure among universities, nonprofit organizations, and for-profit organizations, rather

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than increasing the size of State or local governments or the Federal Government.".

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